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AUGUST, 1870.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ON CHOLERA INFANTUM.

BY B. M. WIBLE, M. D.

Cholera infantum, or summer-complaint, is produced by a conjunction of several causes, of which age, summer heat, and atmospheric agencies are the chief. The period of dentition is the age in which it most occurs. Certain evolutions then take place, especially the development of the intestinal glands, as well as of the teeth, which render this period particularly prone to intestinal disease.

In proportion to the heat of summer is the rate of the disease. It is essentially a disease of hot weather. Multiplied observation attests that the frequency of attack increases as the weather becomes hot, and diminishes as the temperature abates. High temperature is the chief cause; but no doubt malaria and ill-ventilated apartments contribute to the intensity of the disease. Indigestion, induced by the foregoing causes, and by the use of improper food, tends to impair the whole alimentary tract, and gives rise to the characteristic

symptoms of the disease—viz., vomiting, diarrhea, intestinal inflammation, fever, and lesions of secretion.

The causes specified undoubtedly produce a profound impression on the delicate nervous organization of the child. Without going into the complexities of the nervous phenomena of the disease, I will simply state that summer heat alone, without the other sources of irritation to which the patient is subject, is sufficient to induce a pathological state of the nervous system; and, if we regard the teachings of physiologists, that state is one of exhaustion, especially of the ganglionic or nutritive nervous system. This exhaustion necessarily diminishes the control of these nerves over the circulatory system, for it is the chief function of the organic or nutritive nervous system to regulate the supply of blood to the different organs. Those familiar with the doctrines concerning the vasomotor nervous system will readily comprehend how exhaustion or paralysis of that system will be followed by dilatation of the small blood-vessels, and then by congestion, transudation, and inflammation.

If to the influences of summer heat we add those of malarial poisoning, and the irritation of dentition and of indigestion, we have causes enough to account for the frequency as well as the fatality of cholera infantum. The disorders of the stomach and bowels, which are commonly recognized under this term, vary in degree and extent. Vomiting and frequent liquid purgings are symptoms of the most serious nature. Oftener, however, there is simply diarrhea, with more or less febrile disturbance. The discharges are generally offensive from the onset; and if the looseness continues they assume a green, spinach-like appearance, and almost always contain particles of food, especially undigested milk. A certain pallor at the angles of the mouth is an almost constant symptom. The pulse has increased frequency, and the temperature is often exalted to one hundred degrees or over. The child is irritable.

When the disease assumes a protracted form the stools are often streaked with blood. Great emaciation marks this form of the disease. When the case terminates fatally it is either from exhaustion or from spurious hydrocephalus. Post-mortem examinations have revealed but little to guide the physician. The intestinal lesions are not marked; the mucous membrane is redder than natural; and there are dark spots, consisting of enlarged orifices of the solitary glands. Sometimes slight ulcerated patches are found throughout the intestinal tract. But it is to the proper management of this frequent and fatal affection that I wish especially to call attention; and, first, as to *prophylactics*. The greatest attention should be given to the general health of the child; its food should be of the proper quality. If the mother's milk is found to pass undigested, the cause of this should, if possible, be ascertained and corrected. If the mother, or nurse, becomes pregnant, or menstruates, or falls into bad health, the milk is liable to disagree; and if this is found to disturb the health of the child, it should be weaned and fed upon rich cow's milk, diluted with water and lime-water. If the child has pretty well advanced in teething, bread with gravy and broth may be allowed in addition to the milk. The child should be bathed daily. Its apartments should be clean, thoroughly ventilated, quiet, and so arranged as to be darkened, to insure undisturbed sleep. The clothing should be sufficient to protect the child in cool weather, but in very warm weather a single slip of some light goods is all that should be allowed. The custom of bundling up a child with flannel, and otherwise warm and tight clothing, can not be too much reprehended. Its exercise should be unrestrained in an airy nursery or in the shade; and it is better in the hot sunshine than in a close sultry room. If vomiting should be the prominent symptom, a grain or two of bicarbonate of potassa, dissolved in a drachm of sweetened mint-water, ought to be given every hour or half-hour. If the vomiting should persist, the bowels should

be moved by three or four grains of calomel, followed in six or eight hours by warm water enamata. The purgative selected is recommended, not that the specific action of that medicine is desired, but because it is best retained by the stomach, and answers the purpose as an evacuant of the bowels. If vomiting and purging should be prominent symptoms, then the dose of potash and mint-water, with a drop or less of laudanum added, must be given after each excessive act of vomiting or purging. The formula which I usually prescribe is as follows:

℞.—Tinct. opii, gtt. xvj; potas. bicarb., ʒss; syrup simplicis, ʒiij; aqua menth. pip., ʒx. M.

Of this a tea-spoonful is to be administered after each act of vomiting or purging. This prescription has answered my highest expectations; but some successful physicians insist that creosote is a valuable addition to it, and it is possible that the creosote may have the effect more promptly to restrain the vomiting.

When the vomiting and purging are excessive, so as to endanger exhaustion or collapse, I know of no astringent so well suited as grain doses of acetate of lead repeated every hour until these symptoms are arrested. If tannin could be deprived of its bitterness and retained by the stomach, it perhaps would be a more desirable astringent than the lead. Until active vomiting and purging cease the child should be restricted to barley-water.

More commonly the disease assumes a less active character; the vomiting or purging is not so incessant as to threaten immediate exhaustion. Here it is manifestly improper to attempt to arrest the discharges until they are changed in character, and cease to contain undigested food and to be offensive; otherwise the irritation of the alimentary tube is increased and all the symptoms aggravated. Hence it is often necessary in this condition to give an occasional

laxative. The following I have found from ample experience to answer the purpose:

℞.—Tinct. Rhei, ʒiij; bicarb. potassa; magnesia carb., āā grs. xx; syr. simpl.; aqua menth. pip., āā ʒj. M. S. Dose, a teaspoonful repeated every eight hours.

At the same time that this prescription is being used, if there should be pain in the bowels, or the discharges become large and exhaustive, a dose of one of the opiate prescriptions above mentioned should be given from time to time, as required.

After the alimentary canal has become rid of its irritating contents, then the only medicine usually required will be a dose of the opiate prescription, repeated after each excessive disturbance of the bowels. If dysenteric symptoms come on, opiates by the rectum are best. Three or four drops of tincture of opium in half an ounce of starch-water may be administered with the syringe from time to time. It should be borne in mind that it is just as important to use opiates in the intestinal diseases of children as it is in those of the adult; the injury from proper doses of them results only when they prevent the discharge of irritating material from the bowels.

The best febrifuge is the tepid bath, and the free use of cool and cold drinks. The bath may be repeated every two or three hours when there is much febrile excitement; and the drinks as often as the child will receive them. During the treatment of the active stages the child should be kept free from all excitement. It should lie on a pallet, and not be heated, and jostled in the nurse's arms. Its apartments should be darkened, airy, and cool; and company prohibited, save the nurse and the physician. The excitement produced by flies, musquitoes, and other insects is most pernicious, and sufficient to determine a fatal result. The food should consist of barley-water, hot-water tea, lime-water, and milk, or a very

moderate allowance of the mother's milk. All food which is not readily digested should be prohibited. By pursuing the plan indicated the disease will be promptly controlled; but where proper medication and hygienic management have been neglected in the early stages, the disease may assume a protracted form. Then the nutrition of the patient becomes the all-important consideration; for if this be neglected or mproperly conducted the child will die from exhaustion. In this stage then opiates should be administered per rectum, reserving the stomach for nutriment. It is important here, as in all stages of the disease, to keep the bowels as tranquil as possible, and nothing answers so well as opiates. The mild vegetable astringents are of service, and of these the geranium maculatum is among the best. A decoction of the root, made pleasantly sweet, is an eligible form for its administration; it improves the digestive powers and restrains the discharges. The sulphate of quinine is required, especially if exacerbations of fever periodically recur. It is best administered in simple syrup, in from one to two grains for a dose, repeated every three or four hours, until ten grains have been administered.

As has been stated, the diet is all-important. Of all nutrients I have found veal broth to be the best; this, with panada and milk, constitutes a good food. Very debilitated children will often take readily raw meat, for a time, with benefit. This is a Russian remedy for the diarrhea of teething children, and, in some cases I have seen, it seems to answer a good purpose.

In very protracted cases of the disease stimulants may become necessary. Tincture of cinnamon, made with French brandy, I have known to be used in doses of ten drops, every hour or two, with excellent effect. The tan-bath, made by boiling a pound of white or chestnut-oak bark in water, and the decoction thus made to be added to sufficient water to form a bath, experience has shown to be valuable in cases

of great debility, with emaciation. I have known recovery to follow this bath in some extreme cases.

I have not recommended the chalk mixtures, the blue powder, and alterative doses of calomel, formerly so much used. I conceive that the mechanical action of the chalk must be unfriendly to the bowels; besides, all the benefit that can possibly be derived from it is obtained by the use of the perfectly soluble bicarbonate of potash. Without attempting to show the reasons why mercurials are not useful, experience alone has taught me that they are not only useless, but often manifestly pernicious. In cases where there is prolonged deficiency of secretion, when the discharges are ash-colored, and the usual quieting remedies fail, very minute doses of calomel may be tried, and I think in some instances they are beneficial; but, on the other hand, I have known them to be used so as manifestly to aggravate intestinal disease. Since I have ceased to rely on mercurials, and have indeed almost entirely excluded them, the treatment has been more satisfactory.

The details of the treatment above indicated must, of course, be left to the judgment of the medical attendant, who, in a disease which so often runs a rapidly fatal course, should frequently see the little patient.

LOUISVILLE, KY.

THREE CASES OF EMPYEMA TREATED BY THORACENTESIS.

BY C. D. TODD, M. D.

The following cases of empyema occurred in the practice of Dr. Hugh Rodman, under my own observation, while I was his private pupil, and are reported as illustrations of the beneficial and curative effects of paracentesis thoracis in the treatment of pleuritic effusion.

Case I. A stout man, aged forty-five, was attacked with what was thought at the time to be the passage of gallstones. The pain was somewhat paroxysmal in character, and occupied not only the hepatic region, but extended around the lower part of the chest; pulse feeble; surface pale and cool; chest movements imperfect. In a few hours the heart's action came up; the violence of the pain subsided; the general distress disappeared; though the patient complained of some uneasiness, on deep pressure and percussion, over the lower portion of the left lung. The case was lost sight of for several months. When seen again the patient represented that his breathing had been slightly hurried and embarrassed, his pulse quickened, and his general health steadily declining from the date of his first seizure. He had suffered from pain in his left side, and had a slight cough. A superficial examination at once revealed the true condition of things. Flatness on percussion, loss of expansion of the left side, absence of all respiratory sounds over the region of the dullness, etc., left no doubt as to the existence of empyema. He had about this time well-marked hectic. His cough became frequent and violent; on several occasions he expectorated considerable quantities of matter suddenly after a violent paroxysm of coughing. Some relief would ensue at such times; but the hectic continued, the emaciation progressed, and general prostration soon became decided. Thoracentesis was practiced; a large quantity of pus was drawn away; and the operation repeated, as occasion required, with the most striking relief. Under tonics and liberal diet the patient began at once to improve, and soon gained his flesh and strength, and has continued well during a period now of twelve years.

Case II. W. L., a boy, twelve years old, was taken with exceedingly severe rigors, which lasted two days. He was seen the day succeeding his attack, when the rigors still continued. He was ordered stimulating drinks, dry heat to

the surface of the body, etc., under which the rigors passed slowly away.

Dr. R. was in doubt as to the exact nature of the seizure; and, while he suspected that suppurative disease was going on somewhere, it was not until the lapse of several days that the general and local symptoms pointed to the actual seat of the affection. Throughout this period reaction was with difficulty maintained, and at best was not thorough. Eventually, however, the rigors subsided altogether. The respiration became frequent and labored, while dullness on percussion over the lower half of the left lung, with the other signs of pleuritic accumulation, indicated the true character of the attack. The treatment usual in such cases was adopted, and pushed without avail. The line of the dullness gradually rose; the intercostal spaces begun to widen; the dullness on percussion became actual flatness; the pulse increased in frequency and decreased in volume. The patient was fast losing ground. Paracentesis of the chest was performed, and about three pints of pus withdrawn. The urgency of the symptoms abated for the time, but presently returned. The operation was repeated; less pus followed than at first, but the relief was decided. The puncture was reöpened several times, and considerable quantities of pus were withdrawn; but at the end of three weeks the opening was finally closed, and the patient made a speedy and perfect recovery. It is now three years since he was sick, and he gives promise of growing to be a vigorous man.

Case III. A farmer, aged forty, had been seen occasionally by a neighboring physician, and treated for chest trouble, without benefit, during several months. The patient was able much of the time to walk about. He came to Dr. R.'s office when his condition was as follows: Face purplish; expression anxious; breathing as labored as that in asthma; left half of the chest enlarged; all the physical signs of empyema. An erysipelatous blush, with considerable œdema,

over the lower part of the side, indicated that nature was preparing to empty the collection. The next day thoracentesis yielded five quarts of a rather thin pus. Within the succeeding four months the operation was repeated more than twenty times—the original puncture sometimes serving to admit the canula—a new opening being sometimes necessary. I will not undertake to say what was the total amount of pus discharged at these repeated sittings, but it was very great; and although no subsequent puncture yielded as much as the first, the quantity continued considerable for some weeks, and diminished very gradually under the use of warm-water injections into the cavity, followed by injections containing the iodide of potassium and chlorate of potash. The patient made a satisfactory recovery.

EMINENCE, KY.

[The above cases are certainly most valuable, as illustrative of the benefit to be derived from the performance of thoracentesis in certain cases of pleuritic effusion. The operation of thoracentesis is being given a wide range at the present day. Instead of being limited, as formerly, to chronic cases which have baffled medicinal treatment, it is now applied very frequently to acute pleuritis, with effusion, when death is threatened by suffocation, and after a reasonable time has been allowed for the action of medicines. The French authorities are enthusiastic in their laudations of it—some of them resorting to it immediately on the occurrence of effusion.

As a rule, acute pleurisy, with effusion occurring in healthy subjects, has an intrinsic tendency to recovery, irrespective of the treatment that may be employed. As an exception to this rule, death sometimes becomes imminent from a rapid and copious effusion. It would be unreasonable, not to say dangerous, to temporize here. Paracentesis is obviously indicated. The cases which become chronic, or

end in the effusion of pus into the cavity of the pleura, are very generally regarded as having a tendency to chronicity from the beginning. It can not be denied also that chronic pleuritic effusions are often the result of temporizing and delaying the performance of paracentesis in the acute stage. The arguments in favor of its performance are its simplicity, freedom from danger, the immediate temporary and often permanent relief which it affords, the saving of life, and the prevention of the development of chronic pleurisy from acute. All this is founded on fact and sustained by facts. The arguments brought forward in opposition to it are the danger from the introduction of air into the cavity of the pleura, and the formation of a pyogenic membrane and putrescence. These are not sustained by fact—only by theory. Air need be only transiently applied, it being an easy matter to withdraw it. If allowed to remain, it has not been proven that it exerts any deleterious agency, while it has been proven that it can be absorbed. It is very questionable whether suppuration or putrescence can be established in a serous membrane previously healthy. It is certainly more reasonable to suppose that the membrane was originally, or prior to the performance of the operation, a pyogenic membrane, or in a putrescent state, or liable to become either from the general condition of the patient.

A lung which has been collapsed and forced against the spinal column by the pressure of a pleuritic effusion retains its resiliency, and may expand again on the removal of the fluid. This result may be hoped for if no adhesions exist. Adhesions are formed when the lung has been long collapsed. The importance therefore of an early operation is manifest.

The dyspnœa and other symptoms of defective hæmatosis, when they exist in cases of large pleuritic effusion, are not so much the result of pressure upon the lung already collapsed as of pressure through the mediastinum upon the

opposite healthy lung. The relief obtained by paracentesis in these cases is attributable to this, and for this the operation is indicated.

There is no absolute rule which can guide us in the selection of cases suitable to operation. In certain cases of acute pleurisy, as before remarked, paracentesis is absolutely demanded as a means of saving life; in others it is optional with the surgeon whether or not to operate. Certain cases of chronic pleurisy will gradually yield to sorbefacients, internally and externally used, together with measures calculated to improve the tone of the patient; such are those in which the physical signs clearly indicate that the lung is still performing its function, the cavity of the pleura not being entirely filled by fluid. Here there is no necessity for haste, but some time may be given for the action of the absorbents. And in these cases even the question has been pertinently asked, Why subject the patient to the uncertain action of medicines, and slow processes of nature, when the fluid can be rapidly removed by a trivial and safe operation? In other instances physical diagnosis reveals the fact that the lung is collapsed against the spinal column, the cavity of the pleura being entirely full. In these cases temporizing is useless, delay is dangerous, and paracentesis is the proper procedure.

As regards the site of the operation, when we have the selection, opinions differ. Malgaigne's advice to insert the trochar five fingers' breadth below, and on a level with the lower angle of the scapula, has been most usually followed. Everything considered, however, Bowditch's rule is, we think, the best that can be adopted; viz., to operate two or three inches above the spot where the respiratory murmur is heard on the healthy side.

The subcutaneous aspirator, figured elsewhere, affords an easy, simple, and perfectly safe means of performing thoracentesis.—C. R.]

ON THE TREATMENT OF CHOLERA INFANTUM.

BY LUNSFORD P. YANDELL, M. D.

Cholera infantum, the "summer complaint" of children, is associated with teething in the popular mind, occurring as it does most generally during the age of early dentition. But the fact that the disease is apt to attend this process only in hot weather ought to have convinced the people, and the medical men who share with them in the popular belief, that there is no necessary connection between teething and disorder of the bowels. The irruption of the teeth is doubtless often retarded by disease, and all diseases of childhood may be aggravated by irritation of the gums, and these facts are to be borne in mind in practice; but I think we are quite safe in rejecting dentition as a cause of cholera infantum.

Of the admitted agency of heat in developing the complaint, we have had in Louisville this season a striking illustration. As a rule, we have no cholera infantum in this city until summer. But the month of May last was characterized by very unusual heat; for days together, about the middle of the month, the thermometer rose in the shade to eighty-five and ninety degrees, and as the natural result of this summer heat the summer complaint made its appearance, and several deaths from it are recorded in the mortuary report for May. The same fact was still more forcibly displayed in this city two summers ago. June, 1868, was a temperate month. July was a month of intense heat; the thermometer rose every day for a fortnight, about the middle of the month, as high as ninety-three or ninety-five degrees, and even a higher temperature was reported. The nights were most oppressive. On the 15th, three horses fell down in the street cars, overpowered, and died from the effects of

the heat. In the week ending on the 19th of the month eleven deaths from sun-stroke in the city were recorded. The first deaths from cholera infantum that year appear in the reports of the last weeks in June; during the last week four deaths were reported. In the first week of July the deaths from it rose to twenty; in the second, they were twenty-four; in the third, twenty-eight; and in the fourth, twenty-three. About the close of the month the intense heat declined, and with it cholera infantum abated in severity. Against the mortality of July, the highest rates in August from the disease were seven the first week and eleven the fourth.

These facts are instructive, but there are difficulties in the way of accepting heat as the sole cause of the summer complaint of children. It is admitted, for example, that cholera infantum is on the decline in our country. It is certainly not so formidable a disease as it was a generation ago. I am able to speak with confidence on this point, having been a careful observer of the disease for more than that period. But the heat of our summers has not declined with it. Our climate as respects temperature remains the same. Cholera infantum is gradually giving way with our remittent fevers, though not in the same ratio with those endemics, which were once expected with every return of autumn, but now are rarely met with. At the same time we are not prepared to affirm that the cause of these complaints is the same. Malarial fevers and cholera infantum bear no strong resemblance to each other, though they exist in the same localities and prevail at the same season. Cholera infantum, as a rule, is not marked by periodicity, and is not arrested by the salts of quinine. If a malarial disease, we have to admit that it fails in these two important requirements.

Foremost among the remedies in cholera infantum I do not hesitate to place calomel. I state it as the result of my experience that this is the medicine first called for, and most

loudly called for, in the management of the disease. Given at once, so soon as the vomiting and diarrhea set in, or when the bowels become disordered, as is often the case, without any gastric trouble, it tends more than any other remedy that I have yet tried to restore the alimentary canal to a healthy condition. The phrase in use by the profession a few years ago was "restore healthy secretion." We supposed then we were promoting biliary secretion by the administration of calomel; and in this way we accounted for the salutary operation of our medicine. It may be that our philosophy was all baseless; and that so far from stimulating the liver to the effusion of more bile by our mercurials, we were actually diminishing its secretion. But the fact of a curative effect from the remedy remains. We, the adherents of this old practice, make our appeal to experience, and according to that nothing so well as calomel restores the healthy action of the stomach and bowels. I give the child, so soon as I am called to it, a grain, half a grain, or two or three grains of calomel, according to age and circumstances, and generally repeat the dose only once in twenty-four hours; but in urgent cases, when the discharges are profuse and exhausting, it should be repeated twice a day, or even once every four hours. I never feel safe, in cases of this character, until the discharges have lost their watery consistency, and assumed the appearance well known as resulting from the action of calomel. The medicine is most conveniently administered dry on the tongue of the child; for, being tasteless, given uncombined, it is swallowed without repugnance. I can not say that I attach much importance to the dose of calomel. Many years ago I prescribed it and took it in much larger quantities than I employ now, and I am not able to recall the case of a single child in which I believed that mischief was done by this profuse employment of it. At the same time I am free to express my belief that such dosing was, to say the least, superfluous. There was no need for so much of the

remedy; beyond a certain amount it is not absorbed, or even dissolved in the primæ viæ, and consequently is inert. But in urgent cases, from old habit it may be, I still incline to decided doses in this complaint, and should much prefer two or three grains to a dose of half a grain for an infant eighteen months or a year old.

In nearly all cases opiates are indispensable; they are demanded to restrain the purging and relieve griping until the calomel has had time to effect a change in the secretions, whether of the bile or the fluids effused by the alimentary canal. Laudanum in suitable doses is perhaps the most eligible preparation. The salts of morphia are too energetic for safe employment in the cases of children. Paregoric is rendered more distasteful than laudanum by its combinations, but one or the other of these may be given, and repeated once in four hours, according to the requirements of the case. Prepared chalk as an absorbent is not objectionable; but the carminatives and gum arabic in the usual chalk mixture are distasteful, and therefore of doubtful propriety. When the stomach is irritable, and especially in cases in which the alvine discharges are very frequent and attended by much griping, it is better to administer the opiate in the shape of an enema. The mother does this easily with a small syringe, while the child sleeps, causing the injection to be retained by gentle pressure with a napkin, for a short time, against the lower bowel.

Creosote, on theory, ought to be a valuable remedy in this affection, counteracting, as it does, fermentation in the alimentary mass; and in practice it has been shown to possess decided therapeutic powers. I have seen it promptly arrest obstinate vomiting, and it is an agent of undoubted efficacy in diarrhea. I have long ceased to use the ordinary astringents, and only give some of the salts of iron, with a view to their tonic effects, in cases which have become chronic. Where the discharges are profuse and wasting, threatening

the little patient with collapse, besides calomel and opium, sinapisms and hot applications to the extremities are neces sary, with alcoholic stimulants internally. The danger is over when consistent evacuations from the bowels have been secured by calomel. During this stage of danger, as in fact whenever the patient is passing matters freely from the bowels, or is feverish, thirst is a most troublesome symptom, and the profession is unfortunately not of one mind as to the propriety of indulging it. To me nothing is clearer; I have no more decided convictions in medicine than that the cravings of the patient, under such circumstances, ought to be gratified. I direct iced water to be given freely—*ad libitum*, in fact—to these patients. It may be thrown up in a little while, but it never aggravates the vomiting, and by mere conduction it abates the heat of the body, and supplies to some extent the fluids exuded from the system. A case which occurred in my practice, many years ago, has left upon my mind indelible impressions of the horrors of the opposite practice. A bright little boy was under my care for a bowel complaint of a dysenteric character. The tormina was very great, and his thirst was tormenting. Under a theory by which I was then ruled I kept him on warm drinks. He became importunate for something cold. "Can't you let me have a *little* ice?" he would say—"a speck so small that you could hardly see it?" I adhered to my theory in spite of his cries, and refused him; but I have never thought of his case since without a pang. To render it more impressive to me, his mother was taken ill with the same disease a few days after he died, and was growing daily worse on a similar course of treatment; but began to mend, and finally recovered, when this was changed for iced effervescing drinks, taken every half hour.

A few days since I saw a case of disordered stomach and bowels, attended by inordinate thirst, in which I pursued the opposite course now recommended. A child eighteen

months old was seized with cholera morbus, on Washington Street in this city, on the 2d of July. The vomiting and purging were excessive, and collapse seemed impending. A physician of the neighborhood was called in, who administered opiates and cordials, and made warm applications externally, to restore the circulation. I saw the patient at eleven o'clock in the evening, when reaction had come on, and his bowels were quiet. Calomel was ordered, with the opiates if necessary, to restrain diarrhea. Next morning there was still watery purging, and his cries were incessant for water. He was given a glassful of iced water at a single draught, and the calomel was repeated. In a little while he was asleep; but not long after I left him I was told he woke up and again clamored for water. His parents gave it him as I had directed, and in the afternoon they showed me a tin bucket, holding a quart, which, they assured me, he had drunk during the day. The discharges had been copious all day, but he fell asleep soon again after drinking the iced water, and next morning was relieved, the calomel in the mean time having acted.

It would be an inexcusable waste of time to dwell upon this practice, and illustrate it by such cases as these, if physicians were universally agreed as to its safety. But I know from much observation that such is not the fact. I know that a very large number of practitioners indulge their patients with summer-complaint sparingly in cold water. I am sure that great suffering results from this restriction, and I wish to testify as emphatically as I can in favor of the most liberal indulgence. I wish to put it on record as the result of my experience in this disease that the free use of cold water is not only safe, but eminently curative. It is not only free from all evil effects—it powerfully promotes the restorative efforts of nature. Cold water is to be ranked among the cardinal remedies in the disease; and when fever is present the external use of water is of the greatest advantage. Prompt and most manifest relief from all the symptoms in these cases

is afforded by affusions of tepid water, or immersing the child in a tepid bath. Cold water produces a painful shock. A convenient and efficient practice is to saturate the child's gown with water of the temperature of the surrounding air, which abstracts constantly by its evaporation from the heat of the body. Merely sponging the surface is of little avail. The water to be evaporated is not sufficient.

In cases of obstinate vomiting it will often be found that this indulgence in cold water is of all things the most tranquilizing to the stomach. Ice is advantageously given, scraped or pounded, if the child will take it. Creosote will sometimes allay vomiting. Pepsin too has lately come into use as a remedy for this symptom. Calomel seldom fails to relieve it by promoting healthy secretion, but its action requires more time.

There are exceptional cases of cholera infantum in which periodicity is a well-pronounced feature; we are left in no doubt as to the malarious nature of the case; and when this turns out, I need hardly say, quinine is the remedy. Many years ago I called, through the Western Journal of Medicine, the attention of the profession to this occasional feature in the disease, and doubtless practitioners every year meet with these miasmatic cases. When it becomes necessary, as under these circumstances, to give quinine to a child, the preferable mode of administration is by injection into the bowel. This method is the more important in this complaint on account of the extreme irritability of the stomach. The enema, containing two or three grains of sulphate of quinine, with a few drops of laudanum, may be repeated two or three times a day. In cases of this type the action of the remedy is striking.

The diet in cholera infantum is a matter of quite as much consideration as any other part of the treatment, and it is here perhaps more than in any other direction that we have made substantial improvements upon the practice of a former

period. When rigid dieting was the method with disease, or the habit was to restrict the subjects of this complaint to farinaceous articles of food—which was but a milder mode of starvation—it is impossible to doubt that multitudes of children died of inanition. Fed week after week and month after month upon substances incapable of renovating the blood, it was not in the nature of things that they could recover. We have been taught by science as well as observation a more rational practice. The aim of the practitioner now is to sustain his patient during the prolonged contest, not so much by stimulants and tonics as by food fitted to renew the decaying tissues and afford the materials for growth. The child in this disease at first has but little appetite for nourishment. Its chief craving is for diluents. It sucks greedily and often, not because it is hungry, but because it wants water; and in this way it takes much more food into its stomach than it can digest. Water should be given to it often, and always before it is put to the breast, by which means this over-repletion will be avoided.

But the acute stage of the disease having passed by, and especially after relapses, the system being worn down by wasting discharges, the great want of the economy is the material wherewith to build up. The child then requires to be nourished. For an infant nothing is so suitable as its mother's milk; and next to this is the milk of the cow, not diluted, but in its natural richness, and as fresh as possible. But at a later age the child is not satisfied with a milk diet, and the problem is how to meet the wants of its system. Shall we prescribe rules for it, saying what it may eat, and what is not wholesome? Such has been the practice of the profession. Science has attempted to regulate the appetite of the patient. My conviction is that the appetite is a far more reliable guide; and instead of hurrying the little patient away from the family meal, as has been our usage, to keep everything deemed noxious out of its sight, the truer course,

I am persuaded, is to take it to the table, that it may indicate by sign or gesture, if not able to tell in words, what it wants. The article clamored for may seem most unsuitable, but nature may be trusted in the case. The invalid will prove to know better than his medical adviser what is adapted to his digestive requirements. He will thrive upon his most unorthodox diet. Ham, middling, butter, fruits, even young corn on the ear, may be safely conceded to a genuine appetite. If it is decided and persistent, what it craves will almost always agree with the patient. Instances in great numbers could be given of children in this complaint restored to health by every one of these articles and others as unpromising. The solid animal food must of course be reduced to a pulpy mass by scraping, rasping, or cutting, and the husks of the corn must be slit with a knife, to bring it under the action of the gastric juice; but, properly prepared for a patient wanting the organs of mastication, he may with safety be left to choose among the various dishes set before him. In food as in drink, I can not help believing, the instincts of the animal body, more especially when it is laboring under disease, are more trustworthy guides than all our science concerning diet.

As combining nourishment with diluents in cases of great prostration, some practitioners of this city speak in very favorable terms of an albuminous drink, made by dissolving the whites of three or four eggs in a pint of iced water, to which a tea-spoonful of bicarbonate of soda has been added. Of this the child is permitted to drink freely. Prof. Bayless, who suggested this beverage, thinks that by means of it he has rescued patients from imminent danger of collapse, the albumen passing readily into the circulation, and replacing that element of the blood exuded in the watery evacuations. It is worthy of trial in those alarming cases in which the patient is brought in a few hours by the profuse discharges to the brink of the grave.

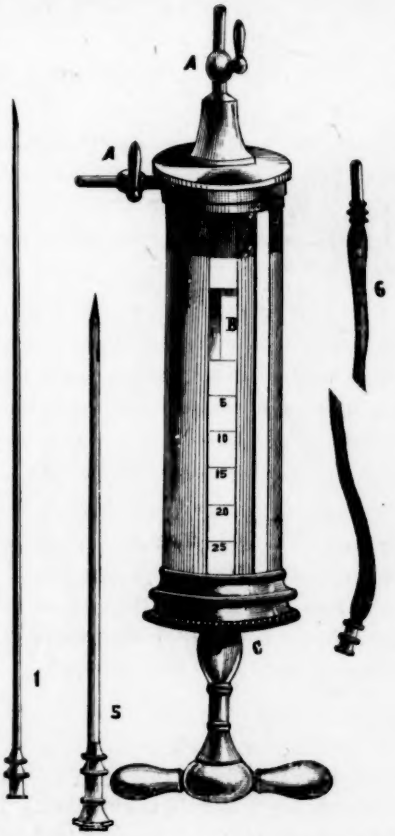
LOUISVILLE, KY.

THE SUBCUTANEOUS PNEUMATIC ASPIRATOR.

BY J. R. WEIST, M. D.

Dr. Hibberd, who recently returned from Europe, brought with him from Paris and kindly placed at my disposal the *subcutaneous aspirator*, an instrument which Dr. Dieulafoy claims to have invented, and which, at any rate, he has recently patented. Although this syringe has already been described in several American journals of medicine, I believe it of sufficient interest to present to the readers of the American Practitioner a description and drawing of the instrument, together with a brief mention of its uses. The instrument consists, as will be observed, of a glass exhausting-syringe, capable of being attached to a fine tubular exploring needle, or to a canula of larger size. *A A* are stop-cocks; *B* is a notch in the piston-rod for securing the piston at *C* when the cylinder is exhausted. The piston-rod is graduated in order to show the amount of fluid in the cylinder. The hollow needle (1) and the trocar (5) represent one of the sizes of each, as furnished with the instrument. The needle may be connected directly with the syringe, or by the intervention of the elastic tube and fittings (6). In using the instrument, the stop-cocks *A A* are closed, the syringe is exhausted, and the piston secured by a half-turn, which engages the notch *B* in a catch at *C*. One of the needles is introduced at any point beneath which the presence of liquid is suspected, and is carried to a sufficient depth to prevent air from entering at its point; the exhausted syringe is then connected with the needle, and the cock between the needle and the vacuum opened. The needle is then carried onward, and as soon as its point reaches fluid this fluid rushes into the vacuum. By closing the open cock and opening the lateral one the fluid

can be driven out into a vessel by depressing the piston. By drawing up the piston when both cocks are closed the vacuum is restored, to be again filled with fluid as soon as communication is restored, and as long as there is any to flow. By reversing the action of the cocks the syringe may be filled with any fluid, and its contents injected into the cavity which has been emptied. The syringe is made in two sizes, the larger holding a little less than two ounces; four needles of different lengths and sizes (the smallest being as delicate as a fine acupuncture needle), three different sized trocars, and the elastic tube fittings. (Cost in Paris twenty dollars gold, and I believe not yet made in this country.)



Before passing to the uses of the instrument I will suggest that it would be an advantage to have an additional fitting, furnished with a stop-cock, to be placed between the needle and the syringe. As sometimes in practice it is desirable to remove the syringe, and to leave the needle or canula in position, with the fitting recommended this could be done, and the admission of air altogether prevented. In practice the instrument will be

found of the greatest service, both as a means of diagnosis and of treatment.

I can not better illustrate its value for these purposes than the inventor has done in a note presented to the Academy of Medicine, in November, 1869. He says:*

"It is well known what difficulty sometimes accompanies the recognition of collections of pus concealed under the muscles and aponeurosis of the gluteal and cervical regions, the iliac fossæ, etc., or when situated in the depths of such organs as the liver and kidney. The observer remains undecided then as to the presence or nature of a fluid which does not disclose itself for some time either by a marked tumefaction or by fluctuation. True, the febrile condition and the pain are indications of value in diagnosis, but how may we arrive at a certainty as to the existence and seat of the collection? How may we know whether surgical intervention be useful, urgent, or injurious? To answer these questions, which so often present themselves in practice, the ordinary exploratory trocar has been devised. But this instrument, far from fulfilling its promises, seems to have failed in its design. It corresponds in no way to the idea which gave it birth; it carries its own condemnation with it, for it is at once both too large and too small. Its caliber is voluminous. Compared with the fine needles of subcutaneous injection, it may be seen how little it merits the name *capillary* which has been given it; and yet, in spite of its relatively large diameter, it does not permit the passage of the fluid often enough, either because of its inspissitude or the occlusion of the caliber of the tube. [The long slender needles of the aspirator remedy these inconveniences because of their small size.] The most delicate organs may be traversed without greater injury than from acupuncture needles, whose perfect innocuousness is well known. This canula trocar, provided with two slits at its extremity, is introduced in search of the supposed fluid. Having been filled, it is easily emptied by pressure on the piston, and at once a full assurance is given of the presence, seat, and nature of the collection. The seat is determined by the direction and depth given to the canula; then a microscopic examination reveals its true nature. This means of exploration is equally applicable to cysts, hematomata, and collections of serum, pus, or urine.

* Professor Whittaker's translation from *Bulletin Generale de Therapeutique*, November 15, 1869, in Cincinnati Lancet and Observer, January, 1870.

"So much in a diagnostic point of view; a word now of its application in treatment. By the aid of this instrument articular effusions may be emptied without fear of the introduction of a single bubble of air, and without the danger of traumatism from a wound so minute. Might not an analogous treatment be applicable to the effusion of pericarditis? Experience will prove if this be not preferable to the difficult and dangerous operation of paracentesis of the cardiac envelopes. I might also mention the withdrawal of urine in cases of retention, the extraction of liquid in circumscribed pleuretis, abscesses, etc. Should the injection of any liquid, as tinct. iodine or alcohol, be thought necessary, it may be practiced at the same time without displacing the instrument. It is destined also to remove gases which accumulate in such large quantities in intestinal occlusions, and which may prove an obstacle to the reduction of certain hernias. Finally, the same procedure may be of service in local depletion, the needle being plunged directly into a vein or artery, to drain and disgorge hyperæmic parts, as strangulated and turgescent hemorrhoids."

For all the purposes indicated above by the inventor the aspirator has been tried and found to be of the greatest service. It has been used with advantage in the diagnosis of ovarian tumors, for the evacuation of the fluid in hydrocephalus, etc. The intelligent practitioner will at once see the capabilities of the instrument, and the valuable aid it will afford in practice. My personal experience with it has been small; yet, so far as it has gone, it leads me to conclude that the instrument deserves the highest encomiums.

It may be of some interest to state that priority of invention is now claimed by Dr. Protheroe Smith, of London. In an article on the subject in the Lancet of the 11th of June, Dr. S. states that he had such an instrument made in February, 1867, by Mayer and Mettzer, of London, of which he gives a wood-cut; that he exhibited it in the following August, at the annual meeting of the British Medical Association in Dublin, and also at the meetings of the association at Oxford, in 1868, and at Leeds in 1869; that he showed it to Robert, the maker of Dieulafoy's syringe, in Paris, December, 1868;

that Robert took a sketch of it, and expressed himself much pleased with it, etc.

The instruments are certainly not unlike. The additions claimed by Dr. Dieulafoy are the stop-cocks and the retaining notch on the piston-rod; and these are certainly most valuable additions, increasing both the usefulness and the safety of the instrument.

RICHMOND, IND.

A CASE OF TETANUS TREATED BY CALABAR BEAN AND HYDRATE OF CHLORAL.

BY THOMAS G. DUNCAN, M. D.

On April 16th, W. G., aged nine, cut his great toe with a dull hoe, making a wound across the nail and extending into the matrix. The parts healed kindly. On the 24th, 25th, and 26th April there was distortion of the face, difficulty in opening the mouth, and some stiffness of the muscles of the back. I saw the patient for the first time April 30th, fourteen days after the injury. There was neither pain nor sensitiveness in the toe; the countenance was much distorted, and the trismus was marked, though not complete; the abdominal muscles were rigid and deglutition difficult; the sphincters acted but imperfectly; the toes were inverted and the legs slightly flexed; opisthotonus and rigidity of the legs existed in such degree that the patient could be lifted, like a board, by the head and heels. Convulsive movements, while not very frequent, were well marked and productive of great distress; the opisthotonus being increased at such times, and the tongue more than once severely bitten. The pulse was irregular and feeble; temperature ninety-nine degrees; appetite fair, and secretions but little deranged; respiration good,

except during spasm; spasm of the laryngeal muscles had not occurred. I purposed using the Calabar bean and the sulphate of atropia, but by the advice of a more experienced physician, who was called in consultation, the patient was put on calomel and opium; the former to be pushed to slight ptyalism, and the latter to gentle narcotism. Their administration was commenced in the afternoon; quietude and support were enjoined.

The remedies were persevered in until the 2d of May, at daylight, but were not given to the extent directed. Ice was applied to the spine, and seemed for a while to afford comfort; but after several hours, appearing to produce depression, was discontinued. The disease seemed to have remained almost stationary, but not to have been controlled; the change, if any, being very slightly for the better. Complete quietude had not been obtained by the opiate; but the calomel, though not pushed to the extent directed, had a good effect on the secretions, which, however, as has been stated, were not much deranged. Another physician having been added to the case, it was agreed to discontinue these remedies, and begin at once the Calabar bean and the hydrate of chloral. The administration of fifteen grains of the latter was followed by a tranquil sleep, which lasted for several hours, during which the muscular rigidity was somewhat diminished. In ninety minutes the patient was awakened, that he might get a fourth of a grain of the solid extract of the Calabar bean. This was soon followed by increased muscular relaxation. Three hours and a quarter after he took a second dose of the bean—this time but three tenths of a grain—and in forty-five minutes after this he got another portion of chloral. The bean extract was repeated at intervals of from three to six hours, and increased at each dose by one twentieth to one tenth of a grain until May 7th, M., at which time the dose had reached one and three fourth grains. Three times during this period the medicine was used hypodermically. A portion of

the time the pupils were noticeably contracted, and when so the patient was as "limber as a rag," and much prostrated; but as a rule muscular relaxation was effected without contraction of the pupil. The chloral was given in doses of fifteen grains, then in ten and twelve-grain portions, with sufficient frequency to procure quietude, or palliate spasms when they occurred; it was not used hypodermically. Chloroform was inhaled but six times—not oftener—partly because of the patient's aversion to it, and partly because the other remedies really made it unnecessary.

May 7th, during my absence, and through mistake, one dose of the bean was omitted, and opium substituted for the chloral; the latter had been given at a quarter past eight A. M., the bean at twelve o'clock M. The chloral should have been repeated at noon, and the bean at three o'clock P. M. At four o'clock P. M., the patient became rigid; and soon afterward a convulsion began, which was one of the severest and longest of his sickness. Muscular rigidity remained for several hours after the convulsive movements ceased, and did not give way until eight or nine o'clock A. M. the next day, under one and a fourth to one and three fourth grain doses of the bean, every three hours, and ten to fifteen-grain doses of the chloral every three to five hours. At this time marked contraction of the pupils had been produced, which lasted for several hours.

From this date (May 8th) until May 15th there was progressive improvement, and from the 11th or 12th until the 15th there was no convulsion, and but little muscular rigidity; the latter, when it existed, being only temporary. Up to the afternoon of the 12th the bean was administered in the above-mentioned doses, and at short intervals; but signs of depression and slowness of the heart's action were now so manifest that the remedy was rather suddenly withdrawn, and stimulants, with quinine added, were resorted to. The chloral had been given only to insure quiet or ward off threatened spasms, and after the 12th was given in less frequent doses.

In the afternoon of the 15th the patient had a rather severe spasm, and in the night of the 19th yet another, though less severe, which was the last. The next morning the bean was resumed in half-grain doses, at intervals of from four to eight hours; the tonics and stimulants were continued in large quantities, and the chloral as before, sufficiently often to produce quietude. After the 16th the doses of the bean were gradually diminished, and he was directed to take seven twentieths of a grain of the extract, and each day following the dose to be diminished by one twentieth of a grain.

May 25th, the patient is walking about, and may be considered convalescent, though perfect use of the lower limbs has not been restored, and slight contraction of the muscles of the upper part of the face still exists. A few days after the recovery was complete. Slight spasm of the laryngeal muscles, which was absent in the beginning, occurred at different times after manifest improvement began, but was in every instance readily relieved by a dose of the chloral.

It is worthy of mention that some of the largest doses of the bean produced considerable nausea and distress, and profuse diaphoresis; and that the chloral, when taken in fifteen-grain doses, frequently repeated, was followed by severe headache. The smaller quantities were therefore given. The patient occasionally suffered from severe pains in the bowels, which were quickly relieved by paregoric or other opiate.

In this case, the power of the Calabar bean to promote muscular relaxation, and the efficacy of the hydrate of chloral to secure quietude and prevent or palliate convulsions, seemed fully demonstrated. I am aware that it would have been more conclusive to have used the remedies separately, but believing in the efficacy of both I was unwilling to give up either. What curative power is fairly attributable to each medicine,

and what the course of the disease would have been without treatment, are questions which I can not answer.

I remained with the patient nearly the whole time, and weighed and administered almost every dose of medicine. The intelligence which he manifested in detecting approaching spasms, and the obedience with which he submitted to the continued and frequent administration of medicines, had, I have no doubt, much to do with his recovery.

BLOOMFIELD, KY.

[The questions raised by Dr. Duncan in the preceding report apply equally to most other published cases of tetanus. What curative power is fairly attributable to any medicine in this disease can not be considered as having yet been satisfactorily determined; and what the course of tetanus would be if treated entirely without drugs it is perhaps impossible to say. The statistics of the disease yield strikingly similar results under the most opposite plans of treatment; and, if mere figures are to be believed, tetanus, after all, is far from being the unmanageable affection which it is generally considered. Unfortunately, however, we are forced to conclude that the statistics in this, as in so many other diseases, embrace mainly the fortunate cases, those that are fatal being seldom reported. After a somewhat careful study of a large number of cases of tetanus gathered from various foreign and home sources—many of them being now published for the first time—I am constrained to think that before any real progress can be made in the prognosis or management of this affection the entire subject will require to be studied anew. Most of the cases contained in the medical periodicals are so imperfectly reported that, for purposes of comparison, they are worthless. Few of the writers mention the pulse, the age, or sex of the individual; the period of invasion or the time occupied in the cure; the names of the muscles affected, or the habits or surroundings of the patient. Very

many cases of hysteroid manifestations have evidently been included under the name of tetanus; while as to treatment the issue has in the smallest possible number of instances been staked on any single remedy. In the very case which forms the text of these remarks calabar bean, chloral hydrate, and chloroform were all used. In many other cases from three to ten of the agents most in repute in tetanus at the time were given either simultaneously or in quick succession, sometimes in ordinary and again in appalling doses, and yet, as has been remarked, the average result, so far as statistics indicate, is very nearly the same. In the earlier cases reported by Dr. Eben Watson comparatively small doses of calabar bean seemed sufficient to cure, while in the last case recorded by that writer the patient required the enormous amount of one thousand and twenty-six grains of the alcoholic extract of the bean, introduced one way or another into his system, to fetch him through. He took this quantity, an average of about one grain every hour, during forty-three days, the time occupied in the cure.

The same remark may, in a general way, be applied to the hydrate of chloral, which, it seems, is sometimes used by Liebriech in doses of two hundred grains, while most practitioners have found the tenth part of this sufficient, and Dr. Duncan was obliged to give even less in order to avoid producing headache. The bean and chloral have been successfully combined recently in other cases of tetanus, and yet some late experiments on rabbits have shown that these two agents are antagonistic—the chloral counteracting the convulsions produced by over-doses of the bean. An advantage claimed by Dr. Watson for the bean is that the relaxation which it produces enables the patient to swallow fluid food, while other relevants, such "as chloral and chloroform for instance, prevent the taking of food."

Thus the treatment of tetanus has shifted and changed, if not with each succeeding year, at least with each new remedy,

however unlike in "form and essence," in properties or effects: given now in small and again in fearful quantities — as, for instance, wine from a few ounces to a cask, opium from a few grains to several pounds, or laudanum from a few teaspoonfuls to many gallons; and under all and every method the average of cures continues to be about the same; acute tetanus sweeping on still to death, and chronic or subacute tetanus tending still to recovery: the former rarely relaxing its hold on its victims under any management; the latter often yielding to the simplest drugs, and sometimes even disappearing without drugs at all.

A large number of cases of tetanus has been recently tabulated by my friend Dr. R. O. Cowling, which will appear in the next number of the Practitioner, and it is believed will substantiate all I have said, and make apparent the necessity for studying the disease anew. Sir James M'Grigor said, nearly sixty years ago, after an experience with the disease much larger than that of most practitioners, that a successful mode of treating tetanus is certainly yet to be discovered. John Hunter declared that he knew of no remedy for it. Many new agents have been added to the pharmacopœia since that time. Is there one among them all which possesses any real power over tetanus?—D. W. Y.]

JERUSALEM FROM A DOCTOR'S STAND-POINT.

BY JAMES F. HIBBERD, M. D.

I spent some days in Jerusalem and the neighboring parts of Palestine in November, 1869. There is nothing in the situation of Jerusalem to make it unhealthy. It is located in the midst of the mountainous region between the Mediterranean and the Dead Seas, about thirty miles in a direct line from the former and fifteen from the latter. It is built on a tongue of land between the valleys of the Kidron and Hinom, in north latitude about thirty-two degrees, and is two thousand six hundred and sixty feet above the level of the Mediterranean, and three thousand nine hundred and fifty-two feet above the Dead Sea. Mean summer temperature seventy-three degrees; winter, forty-nine degrees; annual, sixty-two degrees; amount of rain from October, 1867, to May, 1868, twenty-six inches, and from May to October none. The site is rocky limestone, and undulating and susceptible of easy and complete drainage. The resident population is probably eighteen thousand; viz., five thousand Moslems, four thousand Christians, and nine thousand Jews. The city is compactly built; the streets narrow, dirty, and badly paved, or not paved at all. Two leading streets, cutting each other at right angles—one bearing the brief business-like name of "The Street of the Gate of the Prophet David"—divide the city into four quarters: the Christian, the Armenian, the Jewish, and the Mohammedan quarters. The Jewish quarter, particularly, is very densely populated—the houses dark, damp, and untidy; and the Moslem quarter is in but little, if any, better sanitary condition. Excepting the colony of lepers, inhabiting an isolated row of huts at the south end of the Jewish quarter, I had no opportunity of seeing disease in private houses.

The general appearance, however, of the inhabitants is by no means up to that of good average health.

Eighty or ninety years ago the Society of the Deaconesses of Prussia, a Protestant association of Kaiserwerth on the Rhine, established a hospital in Jerusalem, and have maintained it since, aided by such contributions as the charitably disposed donate to them. With true christian benevolence they admit and administer to all applicants, without regard to country or creed. The hospital has about fifty beds, and receives about seven hundred patients annually, mostly peasants. The institution is poor, and the lady managers have a hard struggle to make their limited resources cover their expenditures, and the want of means curtails their usefulness.

The diseases admitted to the hospital are mostly malarial and rheumatic, and debility arising out of insufficient food, inadequate clothing, and exposure. A walk through its wards with the medical officer exhibits to one what can be done for the afflicted by perseverance, industry, cleanliness, and attention, in a building unsuited to the purpose, and with means far below the necessities.

On the high ground outside the northwest angle of the walls of Jerusalem is the great Russian establishment, consisting of a cathedral of imposing Greek-church architecture and finish, a consulate, one large hospice for female pilgrims and two for males, a hospital, and the necessary attendant buildings. The whole is inclosed by a high, strong white wall; and the houses being white also, stone or stucco, this Russian establishment is one of the most striking features of the landscape in any distant view that embraces the whole of Jerusalem.

The hospital has been erected about ten years, and is a very strong building—the heavy walls and arched ceilings apparently having been designed by some military engineer to resist warrior Bedouins as well as to shelter invalid pilgrims.

The arrangement of the interior is not quite what it should be, nor is ventilation perfect; otherwise the hospital is well adapted to its purpose, and is creditable to the authorities, who erected it as an asylum for such invalid members of the Greek Church as might need the protection of its roof and the attention of its officers. It was built by the Palestine Society of St. Petersburg, and its means are ample to supply every demand likely to be made upon its treasury. The hospital has about sixty beds, and receives about five hundred patients per annum—mostly pilgrims belonging to the Greek Church, who arrive in Jerusalem in March, to be present at the Easter ceremonies (the great annual festival of that church), and remain about three months. Women predominate in these pilgrim companies, which are composed of old people (often eighty years and over) and the quite young; the able-bodied and those of an age and condition for productive labor remaining at home.

Malarial and rheumatic affections are most rife, and that kind of debility belonging to aged persons not well nourished nor properly protected from the elements. Even many of these old people visit Jerusalem under a vow to eat no meat and drink no wine during the pilgrimage, and in the reduced strength attending such unwonted abstinence they almost habitually sleep on the cold stone floors of the churches, or in the close damp cells of the convents. Much difficulty is experienced in the hospital in the management of these cases, as many of the victims are so fanatical as to prefer death to a violation of their vows, and consequently refuse soup and every preparation that contains either wine or meat in substance or even essence; most of such necessarily sink, and finally perish of inanition.

Dr. Th. Sandreczky, a Prussian by nativity, has charge of both the Russian and the Prussian hospitals—the latter for several years, the former about one year—and in these pleasant quarters he makes his residence. Dr. S., in making

his daily visits to the hospitals, uses himself seven different languages, and requires interpreters for several others, such is the variety of tongues that congregate in and about the Holy City. He speaks the English almost as correctly as if it were his vernacular. His views both of medical science and practice seemed to me remarkably sound, while he abounded in strong common sense and the other qualities necessary to fit him for the peculiar and very arduous duties to which he is devoted. Accomplished and amiable, I found him one of the pleasantest gentlemen I met abroad, and when, after accompanying me for an hour on my journey to Jaffa, at my final departure from Jerusalem, I took leave of him, I could but regret that our association had been so soon terminated.

There is also a Jews' hospital, supported by the people of the Hebrew faith, and patronized by them solely. The English Society for the Conversion of the Jews supports a hospital from which they exclude all persons except Jews, hoping, it is said, by devoting themselves entirely to these people to make their kindness a measure for converting them to Christianity; but, if I am correctly informed, the several years' labor of these good missionaries has not been rewarded by a single conversion from Judaism.

Besides these separately organized hospitals, many, perhaps all, of the consulates of the leading powers of western Europe represented in Jerusalem make provision for such of the diseased poor of their respective countries as apply for relief.

RICHMOND, IND.

Reviews.

Address on the History, Condition, and Means of Improvement of Medical Journalism in the United States. By N. S. Davis, M. D., President of the American Association of Medical Editors.

The appearance of this interesting address offers a suitable opportunity for a few observations on American medical journalism; and although we thus temporarily leave the legitimate path of the American Practitioner, we hope our readers will look leniently if not approvingly upon the transgression.

Having been the first to suggest the Association of Medical Editors, and taken some part in its establishment, the general approval in words which the organization has met from the medical press of the country has been at least encouraging. Would that, on the part of some at least, this approval might amount to more than words, and that by their presence at the annual meetings of the association, and participation in its deliberations, they might add to its vitality and power. We believe it worthy, in plan and purposes, the hearty support of every member of our body editorial, and can fully indorse the words used by Dr. Davis in the following passage from his address: "If all those who occupy the responsible position of editors of medical periodicals in this country will coöperate by becoming members of this organization, and prove true to its principles and purposes, it can wield a more direct and powerful influence for good, both in elevating the character of American medical journalism and increasing the honor and usefulness of the whole profession, than any other organization in existence."

Quite recently there has been proposed in France a *syndicate* for medical journalists. This is a tribunal, selected from their own number, to which all differences and disagreements may be referred. It is to be hoped that such dignity, courtesy, propriety, and justice may characterize the course of American editors, in any controversies which may arise among them, that their association may never be required to exercise the function of a syndicate.

The American Association of Medical Editors has certain definite objects. Are these utopian? Is the work of those who have heartily engaged in it vain as plowing sand and sowing salt—foolish as extracting sunbeams from cucumbers? In the first place, the simple meeting together of these editors once a year, clasping each other's hands in all heartiness, and engaging in social conference, will excite a friendly feeling in most. When we see each other face to face and eye to eye, words of mutual kindness and courtesy will come to the lips; and the memory of past meetings, with the hope of future ones, will live through the year, and repress, should temptation occur, hasty or harsh words which might flow from the pen. Ten minutes' interview with a man is worth an hour's reading what he may write, in order to know him; and knowing each other by personal acquaintance, we can exercise greater forbearance and charity toward each other, in whatever differences may arise. The lachrymose lamentations of a hypochondriac, the angry ebullition of the splenetic, the eructations of a dyspeptic, the irritability of those whose nervous system has been shattered by disease or misfortune, are, not in kindness but in simple justice, to be regarded as evidences of disease; and as well treat madness or small-pox with the lash as imagine harsh words and deeds a remedy for such manifestations. Laying aside these bold illustrations, may we not meet, in our editorial experience, with minor manifestations of what we believe errors in judgment or in action that should be attributed to physical rather than to

mental or to moral causes? Or again, a man, unless he be very strong indeed, stronger than most of us are, will have his views tinctured in some degree by the atmosphere in which he lives—his conduct molded in some measure by the circumstances which surround him—but knowing the individual we can make due allowance for what he may do unconsciously or by *quasi* compulsion. And after all, knowing how easily we ourselves may err, or knowing how slowly our own opinions on certain subjects have been formed, we can better tolerate apparent or absolute errors on the part of our friends, trusting to a coming light which shall make each of us see aright. He who was partially cured of blindness, so that he saw men as trees walking, was not left with half sight by the Divine Physician, and berated for not seeing as others did, but his eyes were touched again.

This then, one of the objects of the association, the cultivation of friendly relations and courtesy among editors, is neither mean nor utopian, but it is noble and practicable.

Another object of the Association is the elevation of the standard of medical journalism. We believe no critical reader is satisfied with the journals which he reads; we believe no editor believes his own journal as good as it might be, as good as it ought to be. To-day should satisfy no man, for there is a better to-morrow if he will labor for it. Undoubtedly there are obvious faults in many of our medical journals—faults not so obvious, it may be, in all. A medical journal should be well printed on good paper; thus presenting, if not an attractive, at least not a repulsive appearance, and being worthy of recording useful knowledge and of being preserved. Its proof-reading ought to be most carefully done, so that an error in orthography or in punctuation in a dozen pages ought to be the exception. Even in these matters of minor moment how many fall below a just standard!

Among the faults alleged by Dr. Davis is the small space devoted to original matter, while selections occupy from a

half to two-thirds of a number, so as to give the journal the character of a reprint. Another is in the review department, some journals frequently contenting themselves with a simple announcement of new books, giving title-pages and sometimes tables of contents.

So far as Prof. D.'s first criticism is concerned, we frankly say that we occasionally meet with original matter that we would gladly see replaced by as many pages from Wood or Watson, from Gross or Erichsen. If a journal has enough and able contributors, there is no excuse for such paucity of original articles; but if it has not, if living from hand to mouth, then commend us to an editor who will make good selections. Here a word as to able contributors. It is not requisite that they should be men of wide reputation, or that they should be residents of our great cities and of our medical centers. There is an amount of medical knowledge and experience hidden among medical veterans in villages and scattered hamlets of our land, among men who rarely, if ever, put pen to paper—some from sincere diffidence, others from laziness quite as sincere—which, could it be called forth, would enrich beyond comparison any journal in the country. It is not those, either in cities or in the country, who are always the most ready to write that are invariably the most able to write.

Dr. Davis objects to the number and the character of the advertisements found in some medical journals. If the number of pages of reading-matter be the same, we do not see that it makes any great difference to the readers whether the advertisements are few or many; and as to the character of the advertisements, so long as the immaculate *code* (which, by the way, we have seen positively productive of great evil, wrested from its pure spirit and purpose to gratify the malice of ignorant and bad men, and which we hope to see, ere many years, materially modified) is not violated, we do not care whether these pertain to medicine or to music, to morals or to sewing-machines.

The "editorial" matter receives the severest reprobation at Dr. Davis's hands. Of editorials, as of snakes in Ireland, there are none in some journals; "others present one or two pages headed 'editorial,' and filled with facetious paragraphs, personal slurs, news items, and attentions to new advertisements. Only a very few out of the whole number occupy what editorial space they have with candid articles, calculated to enlighten their readers, on the many important questions connected with the sanitary, social, ethical, and educational interests of the profession." But here we must close our transcript, though not complete, of the indictment which even Dr. Davis, a man of the amplest professional charity, makes against our periodical medical literature.

We have already referred to some of the charges, giving to some an approval more or less qualified. There is one, however, which we wish to indorse most fully; and that is the utter neglect of reviews of books by some, and the exceedingly imperfect manner in which these reviews are made by some others. In the first place no editor should attempt to write notices of all the books he receives; and yet these books, if worthy on the one hand, or if on the other hand unworthy, and any chance of the profession being deceived, must be properly noticed. This work, no matter what his learning or his leisure, he is not capable of doing alone; let him therefore divide his receipts from publisher with such medical gentlemen as are best qualified to examine, judge, and write of their contents. This point is so obvious that any words concerning it may appear needless, and yet we feel confident that it is more or less neglected by many journalists.

And now, for the moment passing from the special topics of the address, let us ask what is the use in a medical journal—upon what ground does it base its claim to professional support? No matter what motives and purposes may be in the minds of its conductors—whether it be a college, a medical

publisher, or physician ambitious of honor or of usefulness, who have started the enterprise—its sole right to live, its entire claim to the patronage of doctors, is that it helps them, contributes to their ability to cope with disease—in a word, makes them better doctors. To the prevention and cure of human maladies all the forces and departments of medicine conspire; here is the focus to which all its rays of light converge. And a medical journal must be largely—we will not say exclusively—devoted to therapeutics, in order to realize this fundamental idea. What most readers want in such a publication is something plain and practical, something they can readily understand and apply, something that will be useful in their daily work. Tried by this test, how many medical journals fall below a just ideal, no one who has not had access to a goodly number, diligently searching for practical matter, can know. Etymologically the word *journal* conveys the idea of something transitory, evanescent, a mere mirror of passing events, a hurried record of that which is immediately transpiring—it is of the *day*, *daily*. Nevertheless medical journalism is something more, something better; it is not a mere picture, but it is a power; it is not only a form, but it is a life; in all the *true* facts—*false* facts are not yet forgotten in Cullen's grave—it speaks not solely for the day, the week, the month, the year, or even for the century, but for all time. Facts are things done, the outworkings of truths, and truth is both immortal and immutable. A good medical journal now will have its uses and value long after its present conductors and readers cease from earthly toil; and hence it is not the present alone, wonderful and important as it is, but the future also, which gives dignity, value, and responsibility to medical journalism. It is quite true that much which is immature finds its way into medical journals—crude thoughts, imperfect observations, partial experiences. We think them true at the time; but when more light comes, when we observe more patiently, more continuously, we find them

only half truths, or else worthless counterfeits; these, like other unripe fruit, have no good use, and must rot. And here let us observe that one who writes for a medical journal ought to be first well assured in his own mind that he is writing true things; then that they are of practical value, either directly or indirectly, immediately or remotely; and finally, that he says what he means—nothing more, nothing less—and in such a way that his meaning can be apprehended readily, and can not be misapprehended by an intelligent, unprejudiced reader. One of the most grievous faults of medical writers is diffuseness—sometimes two pages occupied by a narration which could be told in two lines. It is an insult to one's own knowledge to introduce into an article irrelevant matter; it is an insult to intelligent readers to furnish minor details. Let a man seize upon the essentials, and present them clearly, strikingly, and not obscure his picture with a thousand and one petty images.

Dr. Davis thinks our medical journals are too much alike—not enough variety in character. This undoubtedly is true. And yet such a criticism every year will lose its force; for in addition to the *specialistic* tendencies of progressive medicine—these thus causing the demand for and the supply of journals devoted to special departments—in the longer experience of those already in the editorial corps, and in the establishment of new journals, there must be greater diversities in journalism. Old editors will impress more of their own individuality upon their work, new will seek to characterize theirs by improvements and novelties. As differentiation marks scientific not less than physiological and social evolution, as we ascend from the simple to the complex, so there will be in our medical literature more and more separation into different fields of labor. But amid all these separations and segregations—which, with the progress of our scientific knowledge, must increase rather than diminish—there is a law binding them together as parts of an indivisible unity.

They are rills distinct and apart, but flowing from a common fountain and destined for a common end.

We intended alluding to the criticism made by Dr. Davis upon the "editorials" of medical journals, and urging that these as well as contributions should always be dignified and free from personalities; that coarse, vulgar expressions and so-called "slang" will not be used by gentlemen in conversation, still less in print; and that a medical journal can hardly be put to worse uses than to be made an instrument of personal defamation, or professional gossip and scandal, or even an occasional organ for party politics. We believe that the Association of Editors can do much toward the cultivation of just views of medical journalism, and toward elevating its standard.

Among other important objects of the Association is the improvement of medical education, and space allows but an allusion to it. If the editors fail in this eminently worthy endeavor they follow in the footsteps of illustrious predecessors. What has the American Medical Association, what the Teachers' Convention, done in this regard? Words enough, resolutions enough, but these have been weak as ropes of sand in fixing any permanent good; reports upon reports, long and loud, but not strong enough to jar a single school in Philadelphia or Chicago, in New York or in New Orleans, in Boston or Baltimore, in Cincinnati, Louisville, or St. Louis, in its settled array. But behind the throne there is a power greater than the throne; let the forces which now lie dormant, or only fitfully manifest themselves in this regard, be aroused, evoked, combined, and concentrated upon a practicable object, and the colleges will ultimately feel and acknowledge their power, while the profession will with one heart and voice sustain the advanced movement. This is our abiding faith. But how can two, how can forty, walk together except they be agreed—how can medical editors have a community of sentiment upon this great problem of medical education?

Are we to have concert or forty concerts, accord or discord? Some see no hope of agreement. But let us wait; let us labor in faith and patience to promote concord before we declare it impossible; let us see if we can't first agree before we assert disagreement is inevitable. We believe in progress; that "knowledge grows from more to more," that light increases, and that whatever is true and good and practicable will become every year clearer and plainer to men that are seeking it; and thus from the dimness of the dawn we pass into the full day.

But at any rate—and with this the consolation of many a laborer who sows and lives not until the harvest, or who sows and finds that soil or drought or storm give him but half a crop, we terminate our remarks—no manly toil, no honest labor for good ends, is utterly vain. T. P.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., and Wm. Pepper, M. D. Fourth edition (of Meigs on Diseases of Children), revised and greatly enlarged. Philadelphia: Lindsay & Blakiston. 1870.

This treatise, long held in high esteem, comes to us now carefully and thoroughly revised, considerably enlarged, and much improved. Limited though sufficient space is given to pathology, etiology, and morbid anatomy, while treatment is elaborately considered. Modern practice in the various portions of the world is fairly set forth, the authors commending that which in their own experience has proved most successful. The views expressed in former editions as to the employment of blood-letting, blisters, mercury, and antimony are considerably modified in the present. Drs. Meigs and Pepper still adhere to bleeding, antimony, and blisters in some infantile affections, but scarcely employ mercury save in syphilis, and discountenance it totally in bowel troubles. Our

experience compels us to put faith in diminutive doses of this drug in these disturbances; and as for bleeding and tartar emetic we conscientiously avoid both. We cordially agree with them in their emphatic condemnation of tapioca, sago, arrow-root, etc., though we can not coincide completely in their views of diet. Fruits, which they condemn in "summer-complaint," and fat bacon, which they ignore, we find important adjuvants in the management of this malady. In fact, soft peaches, blackberries, tomatoes, calomel, opium, and fresh air we regard as the most reliable remedies we possess for cholera infantum. Drs. Meigs and Pepper, after enumerating what they charge as the errors in diet, and crimes against the stomach, so universally and unrestrainedly committed by American children, conclude as follows:- "The wonder is, not that we are a pale, thin, dyspeptic, and anxious-looking race of people compared with the Europeans, but that we have any health at all." Now, whether the method of rearing children in this country be judicious or not, of this fact personal observation has convinced us, namely, that, barring the people of Great Britain, Americans are not physically inferior to any other nation in the world. Every practitioner should possess this book, and possessing it he will need no other work on the diseases of children. L. P. Y., JR.

Electricity in its Relations to Practical Medicine. By MORITZ MEYER, Royal Counselor of Health, etc. Translated from the third German edition, with notes and additions, by WM. A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System and of Clinical Medicine in the Bellevue Hospital Medical College, etc.

Here is an admirable treatise upon a subject that has elicited from the most eminent laborers in the field of nervous traits and diseases a large measure of their study and research. Within the last few decades science has developed with a

careful hand the leading rôle played by this force in the rendition of both vital and physical phenomena, while its marvelous curative powers have been recognized and faithfully employed by those who are foremost in the ranks of medical men. Among these may be mentioned Dr. Hammond, who, as editor and translator of the work under review, records his estimate of its value in these words: "The best that has yet appeared." It is unquestionably the most useful book upon electro-therapy among the many excellent ones that have lately been issued, all of them tending to assure him who, twenty years ago, judiciously forebore to pin his faith to any of the ever-shifting theories of electrical action, that he may give full credence to the current reports of its therapeutical efficiency without fear of a lurking fallacy.

Every chapter of this volume bears the impress of plodding search into its special matter. They are so many quests for facts conducted by a philosopher, active and accomplished with al, but a rigid adherent to the experimental system Wherever they would be appropriate, or shed further light upon an obscure subject, the author has introduced details of experiments and clinical records.

There are here reported the life-time studies of a learned man, and of one who holds high official trusts—guarantees alike of professional success and unblemished integrity. He has no pet theory to substantiate; the reader can nowhere find an effort to twist supple facts around the stiff stem of a. favorite notion. On every page the author is candid, weighty, conclusive. However, a book that has stood the severe test of three editions in the original German, that is regarded by the profession of Germany as a standard, needs no further encomium from us. The English-speaking branch of the profession have reason to thank the translator for presenting it to them in so becoming a guise.

Scattered through the volume a few blunders, probably typographical, will necessitate that universal attendant to the

later numbers of a first edition, a column of errata. On page 5 he speaks of the vauntings of charlatans, "who hawked the pile of Volta in the market-places as a panacea for every *imaginary* ailing." It is obvious from the text that *imaginable* was the intended word. On page 18 we read: "If we let C represent the strength of the current, E the electro-motor power, R the resistance, we have, in accordance with the Ohm law, the formula, $C = E \div R$; the strength of the current equals the electro-motor power *multiplied* by the resistance." The formula is correct, but the verbal statement following belies it. On the same page the same mistake again occurs, in company with a sad jumble of symbols, as—"So far therefore as the resistance depends on the length L, and the diameter of the conductor D, it may be expressed by the formula, $R = S \div D$: the resistance equals the length *multiplied* by the diameter." It should be, "$R = L \div D$: the resistance equals the length *divided* by the diameter."

It is to be regretted that the American editor has been so sparing of his pertinent notes and cases, which, few as they are, have enhanced considerably the value of the work. We notice from him some suggestions concerning American electrical apparatus; a description of an ingenious arrangement of the voltaic pile, which he has constructed for the treatment of infantile paralysis; some notes upon lead palsy; and an elaborate contribution to the pathology and therapeutics of organic paralysis in infants.

The enterprise, resources, and vast experience of Dr. Hammond in his specialty justifies us in the expectation that ere long he will appear in the part of author. We look for his entrance with lively interest. J. W. H.

Clinic of the Month.

HYDROPHOBIA.—M. Bouley, in a communication recently made to the Academy of Sciences, Paris, gave some important facts and statistics in reference to hydrophobia. These are the results from an investigation directed by the Minister of Agriculture, and embrace the period from 1863 to 1868. During the period mentioned three hundred and twenty persons were bitten by rabid animals (dogs, cats, and wolves); hydrophobia resulted in a fraction more than forty per cent., while about thirty-eight per cent. did not suffer; the great majority of those who were bitten and the result not given most probably recovered. In regard to the sex of those bitten, two hundred and six were males, eighty-one females, thirty-three not known; the mortality was forty-eight per cent. with males, thirty-six per cent. with females. Children, though more exposed to bites from rabid animals, are less predisposed to hydrophobia than adults. In regard to season, eighty-nine cases occurred in spring, seventy-four in summer, sixty-four in autumn, and seventy-five in winter. As to incubation, these statistics show that the great majority of cases are developed within sixty days, while beyond the sixth month not a single case occurred; if a person bitten by a rabid animal reaches the ninetieth day without symptoms of the disease, the probabilities are largely in favor of entire immunity. Most patients die on the second and third days, and only in six cases did any live beyond the fourth day. In regard to the part upon which the wound is inflicted with reference to mortality, ninety per cent. of those upon the face are fatal; sixty-three per cent. of those upon the hands; twenty-eight

and twenty-nine per cent. of those upon the arms and legs. In cases where the wound was cauterized sixty-eight per cent. recovered; while where it was not cauterized eighty-four per cent. died. Cauterization (the actual cautery is preferred) ought to be resorted to promptly; and where it is not used, sucking the wound, *expression*, the ligature, where the part permits, may be resorted to. *(Archives Générales.)*

Bromide of Potassium.—M. Maurias, of Venice, in continuing his clinical experiments with bromide of potassium, has found that this salt is eliminated not only in the urine, but also in the saliva. The autopsy of a patient who died while using the bromide enabled him to detect its presence not only in the blood and other fluids of the body, but in the brain, spinal cord, liver, lungs, etc. The author has ascertained that the bromide is not assimilated. Experiments were made with bromide of iron, which in some cases is an excellent substitute for the bromide of potassium. When it is given, bromine is found abundantly in the urine, but iron scarcely at all, as it is probably retained in the blood. *(Ibid.)*

Bromide of Sodium.—M. Decaisne states that the bromide of sodium, employed in the same doses as, and sometimes in larger doses than, the bromide of potassium, has given the same results in hysteria, epilepsy, chorea, etc. He believes therefore that the therapeutic action of the bromides belongs especially to the bromine. *(Ibid.)*

[A case of epilepsy, treated in this city by the bromide of potassium without effect, has been apparently cured by large doses of the bromide of ammonium.—D. W. Y.]

Nitrous Oxide.—Mr. J. R. Begg, Dundee, reports a case of excision of the mamma for cancerous disease, the patient being anæsthetized with nitrous oxide. The operation was performed in the usual way; the whole of the gland removed;

four arteries secured by torsion; edges of incision fastened by seven sutures. The whole operation, from the commencement of inhalation of the gas to its termination, lasted eight minutes and a half. The reporter states that this is the longest operation on record in which the gas has been given. (Lancet.)

Carbolic Acid in Uterine Catarrh.—Dr. W. Playfair treats uterine catarrh by the application of a concentrated solution of carbolic acid—eighty to twenty of water—to the lining membrane of the uterine cavity, made by means of fine whalebone or flexible metal probes, round which a thin film of cotton wool is wrapped. It is no doubt advisable to select the cases judiciously, and where there is much uterine tenderness intraüterine treatment should be postponed until this has been diminished by rest, leeching, etc.; but with proper precautions the treatment is perfectly safe. After the first application the discharge is sometimes increased; but after the second or third it is generally greatly diminished, and a single application is often sufficient to cure superficial erosions of the cervix. As a rule, there is no difficulty in passing the probes, as in true uterine catarrh the os is invariably patulous. As the case improves the patulous state of the os diminishes; and this is found to be one of the most certain signs of improvement. *(Ibid.)*

[Practically we find that carbolic acid and water, in the proportion mentioned by Dr. Playfair—four to one—do not make a clear solution, and therefore we prefer the following formula: Carbolic acid, six drachms; water and glycerine, of each, one drachm. M. This application may be repeated in from five to seven days; it is better that it should not be made for at least three days before and three after menstruation.—T. P.]

Broken Ribs.—A dressing for broken ribs, which should not compress the entire chest and interfere with respiration, and yet fix the injured rib, has long been a desideratum among

surgeons. M. Demarquay thinks he has accomplished this by the following: take linen strips, two fingers in breadth, and long enough to reach from the spine to the sternum; saturate them with collodion; apply them directly over the seat of the fracture, covering the necessary extent of surface. Use a sufficient number of layers to give the required firmness. The advantages of this dressing are that the compression is limited to the spot where it is needed, and allows of free movement of other parts. *(Nouv. Dict. de Med. et Chirurg.)*

On the Nature of Mucous Tubercles or Patches.—It is well known that the eminent Belgian syphilographer Thiry denies the specific character of these bodies, believing them to be caused by want of cleanliness or excessive coitus, and always curable by local means. He further denies their virulence or contagiousness when unaccompanied by ulceration, and declares that systemic syphilis only succeeds them when they are accompanied by induration. Dr. Soresina, of Milan, confirms these statements by a large number of cases. Attention to cleanliness, simple washes, and the occasional light application of nitrate of silver removed the patches in almost every case. Thereupon he concludes that "mucous patches occurring in the genito-anal regions, among prostitutes, are originally simple in character, and wholly independent of constitutional syphilis." (*Annales de Dermatologie et Syphilographie.*)

The Subcutaneous Use of Corrosive Sublimate.—M. Liegeois does not confine the hypodermic administration of the bichloride of mercury to syphilis alone, but recommends it in other affections dependent upon change in nutrition. He got excellent results from it in a case of simple ecthyma, which covered almost the entire body. The disease, which had existed three months, was cured completely by fifty injections, without any other treatment. A case of sycosis

of six months duration, and an eczema which had lasted a month, and occupied almost the whole of the legs and arms, rapidly yielded to the same means. *(Ibid.)*

Erysipelas Treated by Quinine.—Prof. Gross was in the habit of saying in his lectures that simple idiopathic erysipelas usually disappeared under almost any treatment after the *primæ viæ* had been set right. Many surgeons have laid great stress upon local applications in this affection. Blisters, nitrate of silver, tincture of iodine, sulphate of iron, mercurial ointment, and hog's lard have one and all had their advocates. Mr. Quain used to say that "aqua fontana" was equal to the best. Twenty-five years ago Velpeau lauded an ointment of the sulphate of iron; he lived, however, to admit that he had overrated its virtues, and that the remedy neither diminished the duration nor limited the extent of the disease. Many years before his death he declared that "a *general* remedy for erysipelas is what we want, and what has not yet been discovered." Nor is such a remedy likely to be discovered soon, for erysipelas is a disease dependent upon such a variety of circumstances that it can never be successfully treated by a single remedy. The three drugs which, as such, are in most general use here in this disease, are the tincture of the chloride of iron, the iodide of potassium, and the sulphate of quinine; the first and the last often being given conjointly. Perhaps more physicians pursue this than any other practice. M. Perroud, of the Hotel Dieu, Lyons, confirms the value of quinia in the idiopathic form of the disease, and states that when it is given in small but repeated doses it promptly arrests the progress of simple erysipelas of the face, and frequently cures it within two or three days. He thinks the effects of the remedy are much less marked in the ambulant form of the affection, and in individuals suffering from vices of constitution, such as rheumatism, etc. *(Ibid.)*

Salicin in Hemicrania.—Dr. J. Waring Curran reports a number of cases of hemicrania of non-malarial origin in which salicin acted most happily. In brow ague and hemicrania due to miasm it is inferior to either quinine or arsenic. But in hemicrania independent of malaria, though periodic, Dr. C. regards salicin as a therapeutic agent of great efficacy. (Medical Mirror.)

Incisions in Carbuncle.—Mr. Holmes Coote says respecting incisions in carbuncle that, while no positive rules can be laid down, division should be an exceptional and not constant rule of practice. Most carbuncles get well without it. But incisions are of use to relieve intolerable pain; to prevent the spread of a carbuncle into parts where disease would be dangerous to life, such as the side of the neck; to save integuments where we find a great bag of slough and matter. Whenever an incision is made it should go completely through the slough. The preservation of the skin is a matter of importance. In those cases where a large extent of integument sloughs, the closure of the wound is a protracted process. *(Ibid.)*

Injection of Iodine in Chronic Hepatic Fistula.—Dr. Lauchlan Aitken recently saw a case of hepatic fistula (the result of an abscess which had opened spontaneously) which was situated immediately below the xiphoid cartilage, and about three and a half inches above the umbilicus, and admitted a No. 10 bougie. It had everted edges, and from the fistula trickled constantly a thick slimy mixture of pus and bile, especially abundant at the close of a long expiration. A probe penetrated about three and a half inches into the liver substance, and that organ was enlarged, measuring nearly five inches in a vertical line from the right nipple. The patient had a sallow complexion and yellow conjunctivæ, but appeared to enjoy fair health, apart from the weakening

effect of the discharge. He injected a couple of drachms of the tincture of iodine (B. P.) into the fistula; and as the discharge diminished greatly, the same injection was repeated after an interval of three days, and again on the fifth day after that. He did not see him for more than a month, when the improvement in his appearance was marked. Two days after the last or third injection the discharge had ceased altogether, and the wound entirely closed a day or two subsequently. All his functions were now healthy, and he had no pain on pressure over any part of the liver. There was a firm cicatrix at the point where the fistula had opened. (Edinburgh Medical Journal.)

Treatment of Fracture of the Femur.—Dr. G. L. Simmons, of California, says: "After some unpleasant experiences with different kinds of extension and counter-extension apparatus in the treatment of oblique fractures of the femur, I adopted a single inclined plain bed, with a solid bottom (perforated for a trap if desirable); but instead of stopping the incline at the ischium, I continue it to the head of the bed, in order that the whole weight of the body may be instrumental in the work of counter-extension. To the side of this inclined bedstead I attach a cushioned rail, raised several inches above the level of the hair mattress, and to its foot a piece perforated in two places for the extension bands, so as to be able to carry into practice the newer notions of extension by weight and adhesive plaster. This combination has never been introduced into surgical practice to my knowledge. It may be said to combine some of the ideas of Gibson in regard to the position; those of Desault in relation to the necessity of keeping the leg, thigh, and pelvis as a whole; and those of modern conservative surgeons in regard to continuous extension. With such an apparatus, simple and easily constructed, I have seen treated during the past season six cases of fracture of the femur, with

as good results as are possible with any other apparatus, and certainly with greater comfort to the patients. It keeps the pelvis and upper fragment back; it keeps downward the lower end of the fracture; it makes some resistance to a rotary motion of the limb. Without the side rail it nearly resembles the dressing followed by Flint, of Louisville, Ky. A first view of a patient in the inclined position suggests the idea of discomfort. In practice, however, patients have not complained, and it is easy to raise the head alone on a pillow to a more natural position. The elevation of the injured limb is so well calculated to subdue local congestions and relieve suffering that no complaints are made of the situation of the body." (Pacific Medical and Surgical Journal.)

THE BULLET-CURE FOR ILEUS. — Concerning this old remedy for colic, which is being revived in a modified form by Dr. Maydieu in France, Dr. Henry Gibbons tells the following anecdote: "Some forty years ago a traveling preacher was taken sick with colic, in the house of a kind old lady where he was spending the night. The good lady brought a bullet, which, after warming, she induced him to swallow. He was soon relieved from pain, and then began to reflect on the course of the bullet, and at last suggested to his nurse a doubt whether a body so heavy could find its way through the intestinal labyrinth, fearing that it would lodge there permanently. 'You need not be the least afraid,' said the lady cheeringly, 'for that very bullet has gone through *me* at least twenty times!'" *(Ibid.)*

CARBOLIC ACID AS AN ANÆSTHETIC.—Erasmus Wilson, Esq., says he often uses carbolic acid as a local anæsthetic, and always with the most satisfactory result. He very commonly employs it previously to the application of caustic to lupus and epithelioma. It benumbs the surface, it dulls the excessive sensibility of the superficial nerves, and it thereby

permits the caustic action of our remedies, with a great reduction in the amount of pain. (Journal of Cutaneous Medicine and Diseases of the Skin.)

SCROFULO-DERMA.—Mr. J. L. Milton, after defining scrofulo-derma to mean scrofulous ulceration of the skin, wherever it may be seated, and under whatever form it may appear, says the tendency of the affection is to get well of itself sooner or later, and hence it is easy to understand how it happens that it also gets well under treatment of every kind. The only remedies from which he has ever seen the least benefit are purgatives, and from the use of these he has often witnessed the best results; not that he extols them as a certain means of cure, but because the judicious employment of them rarely fails to do some good, and in a great many instances brings about a rapid and permanent closing of the ulcerations, with an unmistakable improvement of the health. He prefers purgatives which contain mercury, given over night, and salines taken in the morning. One thing seems absolutely necessary, and that is that they should be taken to the extent of inducing tolerably free purging, and that they should be continued for a long time. The acid solution of iron may be given after the salines and mercury have been employed for some time; a child of five or six years of age will bear very well from four to six minims three times a day in a large wine-glassful of water. The use of this remedy should, however, not interfere with the occasional use of the purgatives, which ought to be given quite twice a week till the sores are closed. The most valuable topical application in scrofulo-derma is, according to his experience, the acid nitrate of mercury. The method of using it is this: a piece of lint is rolled up into a firm ball the size of a small pea, and then tied to a butcher's skewer; this is dipped into the acid and applied to a small part of the surface. A basin of water should be at hand, and immediately anything like

severe smarting begins the part should, if possible, be plunged into it; if that be impracticable it should be freely bathed with the water. After this the ulcer simply requires to be covered with clean, soft cotton wool, kept firmly on by means of a binder till the next day, when it is removed by simply steeping in hot water, and the acid is reäpplied. All ointments, lotions, fomentations, except occasionally with very hot water when there is tenderness or swelling of the glands, poultices, heating impermeable dressing, like oiled silk, spongiopiline, etc., are to his thinking worse than useless; inasmuch as while they do no good they are respectively so many additional sources of expense, trouble, and filth. *(Ibid.)*

Iodide of Starch Poultice.—To be applied to sloughing sores, etc. Take two ounces of starch and mix with six ounces of boiling water to form a jelly; then add, before cold, half an ounce of tincture of iodine. The poultice is now ready for use. *(Ibid.)*

Tincture of Actæ Racemosa.—This American remedy is coming into general use in Great Britain. It is now prescribed for lumbago, sore throat, headache, to allay the cough of phthisis, to produce uterine contraction, suppressed menses, and in pleurodynia. It is a good anodyne. *(Ibid.)*

Scarlatina.—A very useful remedy is found to be the following: the peroxide of hydrogen, in drachm doses, given in water, with the addition of ten drops of tincture of the perchloride of iron every three or four hours, for a lad say of sixteen years. If our patient is very much weakened, we allow a little whisky. In all cases the body is anointed daily with fresh lard. *(Ibid.)*

Syphilis.—We have found very few cases of secondary syphilis that have not yielded in a very satisfactory way to a

combination of one eighth of a grain of perchloride of mercury, five to fifteen grains of iodide of potassium, and a scruple of chlorate of potash, taken three times a day, in some bitter infusion, such as gentian or quassia. The addition of the chlorate of potash appears to us to do more than merely prevent salivation. From a number of experiments with it we are convinced that it increases the efficacy of the mercury, so that a small dose produces a more decided effect when taken along with it. (Glasgow Medical Journal.)

Treatment of Sore Nipples by Nitrate of Silver.—Having gently but carefully dried the nipple, touch it freely with a sharp pencil of nitrate of silver. Be sure to insinuate the pencil into the chaps or chinks; then wash the nipple with a little warm milk and water. In most instances the pain, though smart at first, soon subsides, and a little simple ointment, or one made with the flowers of zinc, is all that is requisite to heal the sore. I occasionally wash the nipple with a saturated solution of borax before and after suckling the infant. Some suffer a great deal of pain from the application of the caustic; this must not be heeded. A draught containing an opiate, such as sol. mur. morph. thirty drops, soon brings relief, and the part is presently easier. Some require to be touched more than once—nay, several times; but each succeeding time it is less painful. I have heard of a solution of nitrate of silver being tried: I can positively assert that it is inferior to the solid caustic, both in relieving and healing these painful affections. (Medical Gazette.)

Rapid Dilatation of the Urethra.—Dr. Alan P. Smith, of Baltimore, recently operated for stone in three females, aged respectively seven, twenty-two, and twenty-three years. He effected dilatation with a pair of dressing-forceps with narrow round blades, inserted into the urethra, and the blades gradually separated until the orifice admitted the extremity of

the index finger. This was afterward used as the dilating power. In less than five minutes the finger passed freely into the bladder. In the girl the stone, which was found to be too large to pass, was grasped by a strong pair of forceps, broken, and extracted; the largest fragment measuring three and one fourth inches in circumference and weighing one hundred and forty grains. The urethra gradually recovered its tone and dimensions, and six weeks after the operation the patient had entirely recovered. In the second case the stone was extracted entire, and measured one inch and three quarters in its longest and an inch and a quarter in its shortest diameter. In two months she had perfect control over her bladder. In the third case a hair-pin formed at its looped extremity the nucleus of the stone, which measured in its longest diameter one inch and three quarters and its shortest one inch and a quarter. On the third day the patient had recovered entire control of the bladder, and on the fourth was walking about quite well. (Baltimore Medical Journal.)

On the Treatment of Syphilis.—Dr. Farquharson, of Rugby, says that having been himself an advocate of the anti-mercurial treatment, his failures had finally led him to use mercury. The worst cases of syphilis which he had seen had been those in which either very little or no mercury had been given. When mercury is given it is necessary to administer good food, for he has seen once two calomel vapor-baths and several times three produce salivation in patients accidentally kept on a low diet; but when carefully administered he considered mercury as a tonic. Mercury should be given early in the disease; and, though beneficial when used endermically, he prefers its careful internal administration. He thinks that mercury postpones and lightens constitutional symptoms, and that chlorate of potassa has no influence upon syphilis. (British Medical Journal.)

Notes and Queries.

BROMIDE OF POTASSIUM IN HEADACHE—LARGE DOSES.—Dr. Wm. Commons, of Bradford, Ohio, sends the following: "I have been subject to severe sick-headache all my life, having inherited it from my mother. No treatment has ever given me relief except bromide of potassium in large doses. I began its use in 1862. At first took it in small and repeated doses, and always found the benefit from its use was in proportion to amount taken. I soon took it in larger doses; and now my plan is to take, in the commencement of an attack, *two drachms* of the bromide, dissolved in two table-spoonfuls of water; and if not immediately relieved, take one drachm more in ten minutes, and repeat in fifteen minutes if necessary. I have used the medicine in this way many times, and not in a single instance has it failed to give prompt and complete relief. The largest dose taken was half an ounce avoirdupois, dissolved in two ounces of water, and swallowed in twenty minutes, eight hours after eating, with complete relief from a more than usually bad spell."

CALOMEL AND DOVER'S POWDER IN CROUP.—Dr. John Long, of Pleasureville, Ky., writes that the treatment of croup recommended by Dr. Seaton in the American Practitioner has for many years past succeeded in his hands in relieving almost every case of that affection. He has never seen any good from emetics in the commencement of the disease. He first gives Dover's powder and minute doses of calomel at intervals, and then administers an emetic. The hoarseness that remains quickly yields to small quantities of Dover's powder.

SECONDARY FETUS.—Dr. A. Addams, of Cynthiana, Ky., communicates the following: "On the 20th of May last I was called to Mrs. J., in labor at term. After eight hours' labor the head of one child passed externally, and another head presented and was delivered; the bodies were then delivered simultaneously. The child first presenting was strong and healthy, and is still living; the second was dead, pale, almost exsanguinous; the cord was ruptured, and the head and body gave evidence of strong compression so as to be quite flattened. There was not the least sign of putrefaction." Dr. A. accompanies his communication with a ferreotype of the dead fetus. In examining it we are struck with the resemblance which it bears to a lithograph (plate 85, Ramsbotham's Obstetric Medicine and Surgery, fifth edition, London, 1867,) representing "a secondary fetus" from a preparation in the London Hospital Museum. We have no doubt that it is a similar case.

The following from Simpson's Obstetric Memoirs, vol. 1, page 313, will probably be sufficient to explain the peculiar phenomena which such a case presents: "When the fetus dies from the third month onward, in consequence either of disease in its own organization, in its umbilical cord, or in its placenta, and a second twin living fetus exists at the same time in utero, and this second fetus continues to grow, and keeps up a correspondence of development between the organ and its contents, the dead and undeveloped twin may be retained up to the full term of pregnancy, and be then born along with the other living and full-sized child. When the dead fetus is thus retained, it is preserved free from the decomposition usually following death by all access of air to it being prevented. Sometimes it retains its usual rounded appearance and form if it continues to be surrounded by a sufficient quantity of liquor amnii; but in other cases where this protecting medium of liquor amnii is defective the fetus becomes more and more squeezed between two forces; viz.,

the parietes of the uterus on one side of it, and the other living twin or its membranes on the opposite side, and at last, when born, it is found compressed and *flattened* in form. Two such flattened fetuses are in the University Museum, and many such cases are on record."

Twin Abortion.—Dr. James K. P. Erwin, of Prairie Bluff, Ala., writes us a history of a twin pregnancy; the patient losing one fetus at three months; the other at about four and a half. The first abortion was caused by a kick upon the abdomen; the second occurred without any obvious cause. There was no placenta with the first fetus, and the symptoms after the delivery of the latter seemed to indicate enlargement of the uterus from retention of coagula, and the patient was threatened with metritis; nevertheless she was up in two weeks, and at work the third week. Just forty-two days after the first miscarriage the second occurred. The patient made a good recovery. Such cases have been sometimes but erroneously regarded as instances of *superfetation.* Superfetation implies impregnation during the existence of pregnancy—a possibility which physiological investigation has proved; a fact which clinical histories in *some rare instances* have established as conclusively as a fact of this kind can be established. To this point we shall refer in a moment.

There is a practical point in reference to such cases as Dr. E. reports, and we can not present it better than in the language of one whose professional fame was equal if not superior to that of any man of the century, and whose recent death the whole world laments. Professor Simpson, after mentioning the case of a lady aborting of a fetus about the third month, going on in pregnancy to the full time and then being delivered of twins, having originally conceived of triplets, as a practical deduction lays down this rule, that when a dead fetus in its envelopes is expelled during the currency of pregnancy, and the uterus notwithstanding still remains large

and apparently distended, its further contents should not be in any way interfered with, but rest and other means employed to avert the excitement of any additional uterine action, under the hope that a living twin may still be retained and carried onward to the full term of utero-gestation.

And now as to superfetation. Some of the cases in which this has been supposed to occur are explained by the existence of a double uterus. (See Noeggerath and Jacob's Contributions to Midwifery, page 159.) But there are other cases where this explanation fails. Dr. Matthews Duncan (Researches in Obstetrics, page 170) asserts that impregnation is not impossible up to some time about the third or fourth month. In a case of twin abortion—a fetus of between three and four months and a perfect ovum of four weeks—presented to the London Obstetrical Society, June, 1862, Dr. Priestly took the ground that it was an instance of superfetation. The specimen was then referred to Drs. George Harley and Tanner for examination, and they concluded their report in these words: "As theoretically we see no physical obstacle to the occurrence of superfetation during the first three months of pregnancy, we think the specimen now reported upon proves, so far as anything of the sort can prove, that superfetation is a positive fact."

NOTE.

For the information of those whose subscriptions begin with the second volume of our journal we make the following extract from the preface: "The American Practitioner is to be a journal of therapeutics. Excluding all theoretical discussions and all long details on every subject, it is our purpose to fill its pages with matter relating directly to the treatment of disease. We solicit short articles, giving as far as possible the personal experience of the writers at the bedside."